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Helping Severely Injured Soldiers Participate Fully in Society

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# HELPING SEVERELY INJURED SERVICE MEMBERS AND VETERANS PARTICIPATE FULLY IN SOCIETY

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## ABSTRACT

Work, family and participation in one's community are key ingredients for having a satisfying and productive life. In order to continue to serve the needs of all severely injured service members, it is necessary to consider how the effectiveness of current programs and services are working and how future medical and rehabilitation services should or will be structured and delivered. A group of 34 veterans with disabilities completed extensive questionnaires and interviews during the March 2008 National Disabled Veterans Winter Sports Clinic (sponsored by the Department of Veterans Affairs and Disabled American Veterans). Individual characteristics, including demographics, disability and functional status, previous employment and education, co-morbid conditions, and other factors are being analyzed in relation to vocational and community integration outcomes. Qualitative analysis of open-ended interview questions is ongoing. The structured interview questionnaire has been examined and is in the process of being revised, in a continuing effort to improve the interview process. The questionnaire and structured interview are expected to be used for future information gathering that tracks vocational rehabilitation and community reintegration outcomes and to explore the factors that influence those outcomes.

## BACKGROUND

One way that individuals with disabilities adjust to and accommodate for limitations imposed by a disability status is through vocational rehabilitation. Vocational rehabilitation can involve many processes and a variety of professionals. A rehabilitation counselor is a skilled professional with clinical counseling skills and case management skills who serves a multifaceted role which involves coordination of the efforts of a multidisciplinary program designed to meet the needs of persons with severe disabilities.<sup>1</sup> The rehabilitation process involves considering an individual's capabilities and limitations, as well as barriers and challenges within the person and barriers in the environment. It is noteworthy that this approach is consistent with the conceptual approach and terminology of the *International Classification of Functioning, Disability and Health (ICF)*.<sup>2</sup> By addressing individual characteristics and all barriers, successful employment and/or successful community integration, may well be achieved by properly integrating and applying assistive technology. Proper integration and coordination of appropriate accommodations, behavioral adjustments, and assistive technology into one's environment relies on the services of all rehabilitation professionals, including rehabilitation counselors.

Many studies have explored and identified factors that influence successful return to employment following injury.<sup>3,4,5</sup> This study is an initial step in assessing vocational and non-vocational rehabilitation outcomes of severely injured service members. The study begins to explore relationships related to possible employment predictors among disabled veterans with disabilities. While veterans with disabilities receive assistance and services from the Department

## HELPING SERVICE MEMBERS AND VETERANS PARTICIPATE IN SOCIETY

of Defense (DoD), the Department of Veterans Affairs, the VA Vocational Rehabilitation and Employment (VR&E), and from Veteran Service Organizations (VSOs) and numerous other programs, it is uncertain how successful the various programs and VSOs are in accomplishing their objectives and/or in working together on behalf of severely injured service members.

Study results will also provide information about the individual characteristics of severely injured service members and veterans and the relationship of those characteristics to vocational rehabilitation and community integration outcomes. In addition to addressing research questions, data collection will aid in the refinement of a structured interview and questionnaire and in the development of larger scale studies.

### RESEARCH QUESTION

Which individual characteristics (demographics, functional status, etc.) and contextual factors (branch of service, geographic location, rehabilitation service setting, etc.) influence vocational (employment, wages, benefits, etc.) and non-vocational (self-reported quality of life, social interaction, etc.) outcomes?

### METHODS

Study: An initial cross sectional observational survey was conducted in which 34 individuals provided information about personal, vocational and community status, rated their satisfaction with services received, provided input regarding the structured interview format, and offered personal insights regarding coping strategies and service gaps.

Vocational rehabilitation outcomes include: current work status, salary, benefits, etc. Non-Avocational (community integration) outcomes are: self reported quality of life, degree of social interaction, level of independent living, quality of social relationships, activity in the community, and reduced incidence of mental health problems.

Analytic methods: Descriptive statistics portray the sample population as listed in Table 1. Initial analysis involved comparison of two groups (employed and/or doing volunteer work) versus unemployed) for selected characteristics of interest. The CHART (Craig Handicap Assessment & Reporting Technique) “Dimensions of Handicap”<sup>6</sup> were the first characteristics assessed. Analysis used was a function of the distribution (i.e., *t*-test for continuous normally distributed variables, etc.). An alpha of ( $p < 0.05$ ) was used for all analyses.

Qualitative analysis of interview open-ended questions began during the interview process. The open-ended interview questions were asked by one interviewer/investigator to insure consistency. Responses to questions were transcribed at the time of the interviews. Interview notes have been reviewed and are ready to be coded for analysis according to constant-comparative procedures.<sup>7</sup>

## RESULTS/PROGRESS TO DATE

### Quantitative Data/Study Population

Of the study sample of 34 participants, 23 (67.6%) were men and 11 (32.4%) were women. The average age was 49.5 years ( $SD = \pm 13.6$ ), with a range from age 23 to 85 years. Further, the average time living with a disability amounted to 15.7 years ( $SD = \pm 12.9$ ), with a range from 2 to 63 years. The participants were predominantly Caucasian (73.5%), honorably discharged U.S. veterans of the U.S. Army ( $n=16$ , 47.1%), Marines ( $n=7$ , 20.6%), Navy ( $n=7$ , 20.6%) and Air Force ( $n=4$ , 11.8%) and Navy ( $n=7$ , 20.6%). Primary disabilities reported included brain injuries (47.1%), spinal cord injuries (32.4%), multiple sclerosis (14.7%), and amputations (5.9%). (Refer to Table 1).

Significant differences were found between the two groups (employed or doing volunteer work versus unemployed) in two functional areas, cognitive independence and mobility. Specifically, *t*-test analysis indicated working or volunteering veterans with disabilities reported they required significantly less supervision and/or support with decision making, judgment, communicating, etc. ( $p=0.02$ ). In addition, Mann-Whitney *U* analyses revealed they reported they higher community mobility ( $p=0.04$ ).

More extensive and detailed analyses of participant characteristics, as well as responses regarding functional independence, community participation, psychosocial well being, and acceptance of disability, will be provided in future research articles.

### Qualitative Data

Qualitative data was collected during the structured interviews. This will be entered into text files for qualitative data software analysis. Constant comparative analysis will be utilized to develop a grounded theory that examines participants' perceptions of their life situations. Preliminary review of interview field notes reveals emerging themes that will be utilized in coding qualitative interview data. Potential themes include characteristics of effective coping strategies, perceptions of individual control and barriers in the community.

### Questionnaire

One purpose of this study was to pilot the structured interview and questionnaire. Some technical concerns arose during administration of the questionnaires. These included a few typographical errors that were identified by subjects. In addition, the wording of some questions did not apply to all participants. The order in which questions were asked seemed to confuse some individuals. The questionnaire is lengthy and open-ended interview questions were routinely asked after the subject had completed the entire questionnaire. For some individuals, fatigue appeared to interfere with responsiveness.

The questionnaire's technical deficiencies are being corrected and revised. Open-ended questions may be reworded provide more participant-directed responses. Following completion of data analysis, the instrument will be evaluated further to determine whether the questionnaire might be shortened without losing important information.

## DISCUSSION

Initial findings indicate that individuals who are working or volunteering report higher levels of independence in cognitive functioning and mobility. Ongoing and future analysis will provide more in depth information regarding the above factors and characteristics as related to both employment and community integration (non-avocational) outcomes.

Qualitative data indicates emerging themes involve effective coping strategies, perceptions of individual control and barriers in the community.

Limitations of the findings will clearly include the predominance of Caucasians and that minorities were under-represented, both of which limit the generalizability of results. Nevertheless, the information provided by the participants of this study will contribute to continuing vocational rehabilitation research efforts.

## REFERENCES

- 
- <sup>1</sup> Rubin S, Roessler R. *Foundations of the vocational rehabilitation process*. Austin, TX: Pro-Ed; 2001.
  - <sup>2</sup> WHO. *International Classification of Functioning, Disability and Health (ICF)*. Geneva: World Health Organization; 2001.
  - <sup>3</sup> Blackwell T, Lieerer S, Haupt S, Kampitsis A, Wolfson J. Predication of vocational outcomes for workers' compensation claimants with back injury. *J Applied Rehab Couns*. Summer 2004;35(2):32-38.
  - <sup>4</sup> Schonbrun S, Kampfe C. Variables relating to employment outcome in individuals with traumatic brain injury. *J Applied Rehab Couns*. Fall 2004;35(3):14-21.
  - <sup>5</sup> Crisp R. Key factors related to vocational outcome: trends for six disability groups. *J Rehab*. December 2005;71(4):30-37.
  - <sup>6</sup> Mellick D. The Craig Handicap Assessment and Reporting Technique. <http://www.birf.info/home/bi-tools/tests/chart.html>. Accessed March 18, 2007.
  - <sup>7</sup> Hewitt-Taylor J. Use of constant comparative analysis in qualitative research. *Nursing Standard*. July 4, 2001;15(42):39-42.

## APPENDICES

### Table 1 Research Subject Questionnaire



# HELPING SERVICE MEMBERS AND VETERANS PARTICIPATE IN SOCIETY

Table 1.

	<b>Frequency</b>	<b>Percent</b>
<b>Age</b>		
22 – 49.9	15	44.1%
50+	17	50%
Mean age = 50.4		
<b>Gender</b>		
Male	23	67.6
Female	11	32.4
<b>Ethnic Background</b>		
African American	4	11.8%
Native American	1	2.9%
Caucasian	25	73.5%
Hispanic/Latino	2	5.9%
2 or more ethnicities	2	5.9%
<b>Educational Background</b>		
High School Diploma or GED	15	44.1%
Associate Degree or Vocational/Technical School	10	29.4%
Bachelor's Degree	4	11.8%
Graduate Degree	5	14.7%
<b>Branch of Service</b>		
Army	16	47.1
Marines	7	20.6
Air Force	4	11.8
Navy	7	20.6
<b>Primary Disability</b>		
Brain Injury	16	47.1%
Spinal Cord Injury (cervical)	2	5.9%
Spinal Cord Injury (below cervical)	9	26.5
MS	5	14.7%
Amputation(s)	2	5.9%

## HELPING SERVICE MEMBERS AND VETERANS PARTICIPATE IN SOCIETY

Alternative text for Graphics:

Table 1: This table provides baseline demographics of individuals who participated in the initial structured interviews. The 34 U.S. veterans are predominantly Caucasian, with 23 males and 11 females. Primary reported disabilities included brain injuries (16 or 47.1%), spinal cord injuries (2 cervical level and 9 below cervical level, total 32.4%), multiple sclerosis (5 or 14.7%), and amputations (2 or 5.9%).

**Questionnaire Packet**

Exploring Key Factors Related to Vocational Rehabilitation Outcomes for OEF/OIF Veterans  
A Pilot Study

**VA R&D Center of Excellence on  
Wheelchairs & Associated Rehabilitation Engineering**

COMPLETION LOG:	DATE:	INITIALS:	TIME:
Subject ID#: _____			
Data Collection	/ /		
Data Entry	/ /		
Verification	/ /		

**PART A - Personal Data**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work, as applicable)

## Research Subject Questionnaire

Subject Initials: \_\_\_\_\_

Subject ID: \_\_\_\_\_

---

Gender: \_\_\_\_\_ (0) Male  
\_\_\_\_\_ (1) Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ethnic Origin: \_\_\_\_\_ (1) African-American \_\_\_\_\_  
\_\_\_\_\_ (2) Native American \_\_\_\_\_  
\_\_\_\_\_ (3) Asian-American \_\_\_\_\_  
\_\_\_\_\_ (4) Caucasian \_\_\_\_\_  
\_\_\_\_\_ (5) Hispanic \_\_\_\_\_  
\_\_\_\_\_ (6) Other \_\_\_\_\_

We are interested in the relation of disability and assistive technology to other factors in your life. The following questions deal with these factors.

What is your impairment/disability? \_\_\_\_\_  
\_\_\_\_\_

Date of onset, injury, or diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For the following questions, please check the correct answer:

1. What is your branch of service?

- \_\_\_\_\_ (0) Army  
\_\_\_\_\_ (1) Marines  
\_\_\_\_\_ (2) United States Air Force  
\_\_\_\_\_ (3) Navy  
\_\_\_\_\_ (4) US Coast Guard

2. What was your time in service (in months) at the time of your injury/injuries?

\_\_\_\_\_ months

3. What is your current military status:

- \_\_\_\_\_ (0) Active Duty  
\_\_\_\_\_ (1) Discharged from military  
\_\_\_\_\_ (2) Reserve status

4. What is your rank and/or what was your rank at the time of your injury/injuries?

\_\_\_\_\_ / \_\_\_\_\_

5. If Active Duty, please describe your current status:

- \_\_\_\_\_ (0) Returned to Command
- \_\_\_\_\_ (1) Assigned to rehabilitation setting
- \_\_\_\_\_ (2) Medical Hold
- \_\_\_\_\_ (3) Home awaiting order
- \_\_\_\_\_ (4) Other: \_\_\_\_\_

6. If discharged: Have you received a DD214?

- \_\_\_\_\_ (0) No
- \_\_\_\_\_ (1) Yes
- \_\_\_\_\_ (2) DON'T KNOW

7. What are the conditions of your discharge?

- \_\_\_\_\_ (0) Honorable
- \_\_\_\_\_ (1) General
- \_\_\_\_\_ (2) Dishonorable

8. Are you satisfied with the way your military status has been handled since your injury?\*

- \_\_\_\_\_ (0) No
- \_\_\_\_\_ (1) Yes

9. Have you received a "memo rating" of your level of service-connected disability?

- \_\_\_\_\_ (0) No
- \_\_\_\_\_ (1) Yes
- \_\_\_\_\_ (2) Do not know what this is

10. Have you received a permanent rating of service-connected disability?

- \_\_\_\_\_ (0) No
- \_\_\_\_\_ (1) Yes ---→ what is the rating? \_\_\_\_\_%
- \_\_\_\_\_ (2) Do not know

11. Please list your service-connected disabilities or conditions:

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12. In what geographic location did you sustain your injury/injuries?

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13. In what manner (i.e., mechanism of injury) did you sustain your injury/injuries (e.g., gun shot, motor vehicle accident, etc.)?

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14. Was there a blast involved when you sustained your injury/injuries?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes---→ If yes, please describe the circumstances.

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15. Have you been referred to VA Vocational Rehab (Chapter 31)?\*

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes ---→ If yes, has a vocational rehab plan been developed?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

\_\_\_\_\_ (2) Do not know

16. Have you been referred to the State Vocational Rehab program?\*

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes ---→ If yes, has a vocational rehab plan been developed?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

\_\_\_\_\_ (2) Do not know

17. Are you currently receiving services under VA VR&E/Chapter 31?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes ---→ If yes, what services or what is your VR&E status?

\_\_\_\_\_ (0) Eligibility Determination

\_\_\_\_\_ (1) Evaluation

\_\_\_\_\_ (2) Development of Rehab Plan

\_\_\_\_\_ (3) Rehabilitation & Employment Services (e.g., training)

\_\_\_\_\_ (4) Job Ready Services/Employment Assistance

\_\_\_\_\_ (5) Independent Living Services

\_\_\_\_\_ (6) Interrupted Status

\_\_\_\_\_ (4) Closure

18. Are you currently receiving services under the State Vocational Rehab program?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes ---→ If yes, what services or what is your State VR status?

\_\_\_\_\_ (0) Eligibility determination

\_\_\_\_\_ (1) Extended evaluation

\_\_\_\_\_ (2) Individualized Plan for Employment/Training

\_\_\_\_\_ (3) Ready for Employment/Placement

\_\_\_\_\_ (4) Interrupted Status

\_\_\_\_\_ (5) Closure

**Research Subject Questionnaire**

Subject Initials: \_\_\_\_\_

Subject ID: \_\_\_\_\_

19. Since your discharge from WRAMC have you received any INPATIENT rehabilitation services?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes---→On how many occasions?\_\_\_\_\_

20. Please describe (below) the INPATIENT services.

Type of Service:	Geographic Location(s):	Facility Name(s)	Length of stay(s) (in days)
____ (0) Occupational therapy ____ (1) Physical therapy ____ (2) Speech/language pathology ____ (3) Cognitive therapy ____ (4) Audiology services ____ (5) Individual counseling or psychotherapy ____ (6) Group counseling ____ (7) Substance abuse treatment			
____ (8) Other-→ Describe:_____ _____			

21. In your opinion, did you receive enough **inpatient** rehabilitation services?\*

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

22. Since your discharge from WRAMC have you received any OUTPATIENT rehabilitation services

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes→On how many occasions (i.e., # of courses of treatment)? \_\_\_\_\_

23. Please describe (below) the OUTPATIENT services.

Type of Service:	Geographic Location(s):	Facility Name(s)	Length of stay(s) (in days)
____ (0) Occupational therapy ____ (1) Physical therapy ____ (2) Speech/language pathology ____ (3) Cognitive therapy ____ (4) Audiology services ____ (5) Individual counseling or psychotherapy ____ (6) Group counseling ____ (7) Substance abuse treatment			
____ (8) Other-→ Describe:_____ _____			

24. In your opinion, did you receive enough **outpatient** therapy?\*

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

25. Are there any other rehabilitation services that you need but have not received?\*

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

26. Have the services you have received been effective?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

27. Where are you currently obtaining medical follow-up services?

\_\_\_\_\_ (0) Local Veterans Hospital (specify distance in miles \_\_\_\_\_ from residence)

\_\_\_\_\_ (1) Military hospital

\_\_\_\_\_ (2) Community doctor

\_\_\_\_\_ (3) Other: \_\_\_\_\_

\_\_\_\_\_ (4) Not receiving any services

**End – Part A**

**(Please continue to next Section)**





**Part B: Socio Economics**

1. What is the highest degree you received?

- \_\_\_\_\_ (0) High School Diploma or GED
- \_\_\_\_\_ (1) Associate Degree/Vocation/Technical School
- \_\_\_\_\_ (2) Bachelors Degree
- \_\_\_\_\_ (3) Graduate Degree
- \_\_\_\_\_ (4) None

2. Which statement best describes your **CURRENT** work status?

- \_\_\_\_\_ (0) Working full-time, outside the home
- \_\_\_\_\_ (1) Working part-time, outside the home
- \_\_\_\_\_ (2) Working full-time, inside the home
- \_\_\_\_\_ (3) Working part-time, inside the home
- \_\_\_\_\_ (4) Disabled: unable to work because of disability
- \_\_\_\_\_ (5) Unemployed: not able to find job in field that I was trained
- \_\_\_\_\_ (6) I choose not to be employed or am retired
- \_\_\_\_\_ (7) Student

3. If you are **not** employed full-time, please indicate the reason why:

- \_\_\_\_\_ (0) By choice
- \_\_\_\_\_ (1) Because of the economy
- \_\_\_\_\_ (2) Because of your disability
- \_\_\_\_\_ (3) Not applicable because fully employed

4. Please indicate which best describes your marital status:

- \_\_\_\_\_ (0) Single or Divorced
- \_\_\_\_\_ (1) Married or living with someone as if married

# Research Subject Questionnaire

Subject Initials: \_\_\_\_\_

Subject ID: \_\_\_\_\_

5. Please respond to the following questions about your vocational history & current employment.

	Prior (pre-service) employment	Service related employment	Current employment
Job title, MOS or rating? (List all)			
Salary?	<input type="checkbox"/> (0) Less than \$10,000 <input type="checkbox"/> (1) \$10,000 – 19,999 <input type="checkbox"/> (2) \$20,000 – 29,999 <input type="checkbox"/> (3) \$30,000 – 39,999 <input type="checkbox"/> (4) \$40,000 – 49,999 <input type="checkbox"/> (5) \$50,000 – 59,999 <input type="checkbox"/> (6) \$60,000 – 69,999 <input type="checkbox"/> (7) greater than \$70,000 <input type="checkbox"/> (8) N/A	<input type="checkbox"/> (0) Less than \$10,000 <input type="checkbox"/> (1) \$10,000 – 19,999 <input type="checkbox"/> (2) \$20,000 – 29,999 <input type="checkbox"/> (3) \$30,000 – 39,999 <input type="checkbox"/> (4) \$40,000 – 49,999 <input type="checkbox"/> (5) \$50,000 – 59,999 <input type="checkbox"/> (6) \$60,000 – 69,999 <input type="checkbox"/> (7) greater than \$70,000 <input type="checkbox"/> (8) N/A	<input type="checkbox"/> (0) Less than \$10,000 <input type="checkbox"/> (1) \$10,000 – 19,999 <input type="checkbox"/> (2) \$20,000 – 29,999 <input type="checkbox"/> (3) \$30,000 – 39,999 <input type="checkbox"/> (4) \$40,000 – 49,999 <input type="checkbox"/> (5) \$50,000 – 59,999 <input type="checkbox"/> (6) \$60,000 – 69,999 <input type="checkbox"/> (7) greater than \$70,000 <input type="checkbox"/> (8) N/A
Benefits?	<input type="checkbox"/> (0) Health/medical care <input type="checkbox"/> (1) Dental care <input type="checkbox"/> (2) Prescription plan <input type="checkbox"/> (3) Vision plan <input type="checkbox"/> (4) Life insurance <input type="checkbox"/> (5) Paid vacation  <input type="checkbox"/> (6) Paid holidays <input type="checkbox"/> (7) Short term disability <input type="checkbox"/> (8) Long term disability <input type="checkbox"/> (9) Retirement plan	<input type="checkbox"/> (0) Health/medical care <input type="checkbox"/> (1) Dental care <input type="checkbox"/> (2) Prescription plan <input type="checkbox"/> (3) Vision plan <input type="checkbox"/> (4) Life insurance <input type="checkbox"/> (5) Paid vacation  <input type="checkbox"/> (6) Paid holidays <input type="checkbox"/> (7) Short term disability <input type="checkbox"/> (8) Long term disability <input type="checkbox"/> (9) Retirement plan	<input type="checkbox"/> (0) Health/medical care <input type="checkbox"/> (1) Dental care <input type="checkbox"/> (2) Prescription plan <input type="checkbox"/> (3) Vision plan <input type="checkbox"/> (4) Life insurance <input type="checkbox"/> (5) Paid vacation  <input type="checkbox"/> (6) Paid holidays <input type="checkbox"/> (7) Short term disability <input type="checkbox"/> (8) Long term disability <input type="checkbox"/> (9) Retirement plan
Have you ever been fired or reprimanded?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes

One's financial situation and health insurance can influence one's health. Please check the response that best describes you.

6. Your current approximate **household** income per year is (**including spouse or other household income sources**):

- ☐ (0) Less than \$10,000  
☐ (1) \$10,000 – 19,999  
☐ (2) \$20,000 – 29,999  
☐ (3) \$30,000 – 39,999  
☐ (4) \$40,000 – 49,999  
☐ (5) \$50,000 – 59,999  
☐ (6) \$60,000 – 69,999  
☐ (7) greater than \$70,000

7. Please check the statement(s) that best describe your health insurance situation.

(0) I do not have health insurance; I use my private money to pay for medical expenses.

\_\_\_\_\_ (1) Health insurance is provided through Medicare or Medicaid.

\_\_\_\_\_ (2) Health insurance is provided by my employer, my spouse's/parent's employer, or previous employer (i.e., Champus, Tri-Care).

\_\_\_\_\_ (3) I have health insurance, but I pay for it through personal monies

\_\_\_\_\_ (4) Other: \_\_\_\_\_

8. In the past YEAR, how much **OUT-OF-POCKET COSTS/PERSONAL MONEY** have you spent on *assistive device* expenses that were not reimbursed or paid for through the VA, State VR or an insurance provider?

\$ \_\_\_\_\_ = total estimated out-of-pocket costs for last month's medical expenses

\_\_\_\_\_ (Ex. Wheelchair maintenance, assistance dog care, computer equipment, etc.)

**End – Part B**

**(Please continue to next Section)**



**PART C –Healthcare Utilization**

We are interested in determining how much time you spend **SEEING PHYSICIANS OR OTHER HEALTH PROFESSIONALS, OR HAVING MEDICAL TESTS OR X-RAYS, ETC.** The following questions deal with these factors. Please read each question and complete the following information as accurately as possible.

1. During the **PAST MONTH** did you see a **PHYSICIAN OR OTHER HEALTH PROFESSIONAL, OR HAVE ANY MEDICAL TESTS OR X-RAYS, etc.?** This estimate should include your roundtrip travel time, waiting room time, and physician contact time.

\_\_\_\_\_ (0) No → Please go to **QUESTION 2**

\_\_\_\_\_ (1) Yes →

- Total number of visits in **PAST MONTH**: \_\_\_\_\_
- Average amount of time for each visit: \_\_\_\_\_ minutes
- Did someone accompany you for the purpose of assisting you (driving, transfers, aiding in communication, interpreting visit) during any of these visits?

\_\_\_\_\_ (0) No → Please go to **QUESTION 2.**

\_\_\_\_\_ (1) Yes → How many of the visits? \_\_\_\_\_

2. In the **PAST MONTH**, how much **OUT-OF-POCKET COSTS/PERSONAL MONEY** have you spent on medical expenses that were not paid for or reimbursed through the VA, State VR or an insurance provider?

\$ \_\_\_\_\_ = total estimated out-of-pocket costs for last month's medical expenses  
(Ex. Prescriptions, catheters, disposable gloves, etc.)

**End - Part C**

☺ **Please continue to the next Section** ☺

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**Section D: Functional and Psycho-social Questionnaires****Revised CHART**

People with disabilities often need assistance. We would like to differentiate between personal care for physical disabilities and supervision for cognitive problems. In answering the following questions please keep in mind your daily activities.

- 
1. How many hours in a typical 24-hour day do you have someone with you to provide physical assistance for **personal care activities** such as eating, bathing, dressing, toileting and mobility?  
\_\_\_\_\_ hours paid assistance \_\_\_\_\_ hours unpaid assistance (family, others)
  2. Not including any regular care as reported above, how many hours in a typical month do you occasionally have assistance with such things as **grocery shopping, laundry, housekeeping**, or infrequent medical needs because of the disability?  
\_\_\_\_\_ hours paid assistance \_\_\_\_\_ hours unpaid assistance (family, others)
  3. Who takes responsibility for instructing and directing your attendants and/or caregivers?  
\_\_\_\_\_ Self  
\_\_\_\_\_ Someone Else  
\_\_\_\_\_ Not applicable, does not use attendant care.

In answering the following questions, please focus on supervision for **COGNITIVE PROBLEMS**. This includes **REMEMBERING, DECISION MAKING, JUDGMENT, ETC.**

4. How much time is someone with you in your home to assist you with activities that require remembering, decision-making, or judgment? (Please choose one answer between 1 and 6)
  - 1 \_\_\_\_\_ Someone else is always with me to observe or supervise.
  - 2 \_\_\_\_\_ Someone else is always around, but they only check on me now and then.
  - 3 \_\_\_\_\_ Sometimes I am left alone for an hour or two.
  - 4 \_\_\_\_\_ Sometimes I am left alone for most of the day.
  - 5 \_\_\_\_\_ I have been left alone all day and all night, but someone checks in on me.
  - 6 \_\_\_\_\_ I am left alone without anyone checking on me.
5. How much of the time is someone with you to help you with remembering, decision-making, or judgment when you go away from your home? (Please choose one answer between 1 and 4)
  - 1 \_\_\_\_\_ I am restricted from leaving, even with someone else.
  - 2 \_\_\_\_\_ Someone is always with me to help with remembering, decision-making or judgment when I go anywhere.
  - 3 \_\_\_\_\_ I go to places on my own as long as they are familiar.
  - 4 \_\_\_\_\_ I do not need help going anywhere.

6. How often do you have difficulty communicating with other people?

1 \_\_\_\_\_ I almost always have difficulty.

2 \_\_\_\_\_ I sometimes have difficulty.

3 \_\_\_\_\_ I almost never have difficulty.

7. How often do you have difficulty remembering important things that you must do?

1 \_\_\_\_\_ I almost always have difficulty.

2 \_\_\_\_\_ I sometimes have difficulty.

3 \_\_\_\_\_ I almost never have difficulty.

8. How much of your money do you control?

1 \_\_\_\_\_ None, someone makes all money decisions for me.

2 \_\_\_\_\_ A small amount of spending money is given to me periodically.

3 \_\_\_\_\_ Most of my money, but someone does help me make major decisions.

4 \_\_\_\_\_ I make all my own money decisions (or if married, in joint participation with my partner).

*Now we have a series of questions about your typical activities.*

**ARE YOU UP AND ABOUT REGULARLY?**

9. On a TYPICAL DAY, how many hours are you out of bed? \_\_\_\_\_ Hours

10. In a TYPICAL WEEK, how many days do you get out of your house and go somewhere?  
\_\_\_\_\_ Days.

11. In the LAST YEAR, how many nights have you spent away from your home (excluding hospitalizations?):

\_\_\_\_\_ (0) None \_\_\_\_\_ (1) 1-2 \_\_\_\_\_ (2) 3-4 \_\_\_\_\_ (3) 5 or more

12. Can you enter and exit your home without any assistance from someone?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

13. In your home, do you have independent access to your sleeping area, kitchen, bathroom, telephone and TV (or radio)?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

**IS YOUR TRANSPORTATION ADEQUATE?**

14. Can you use your transportation independently?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

15. Does your transportation allow you to get to all the places you would like to go?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

16. Does your transportation let you get out whenever you want?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

17. Can you use your transportation with little or no advance notice?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

**HOW DO YOU SPEND YOUR TIME?**

18. How many hours per week do you spend working in a job for which you get paid?

\_\_\_\_\_ Hours (Occupation: \_\_\_\_\_)

19. How many hours per week do you spend in school working toward a degree or in an accredited technical training program (including hours in class and studying)?

\_\_\_\_\_ Hours

20. How many hours per week do you spend in active homemaking, including parenting, housekeeping and food preparation?

\_\_\_\_\_ Hours

21. How many hours per week do you spend in home maintenance activities such as gardening, house repairs or home improvement?

\_\_\_\_\_ Hours

22. How many hours per week do you spend in ongoing volunteer work for an organization?

\_\_\_\_\_ Hours

23. How many hours per week do you spend in recreational activities such as sports, exercise, playing cards, or going to movies? Please do not include time spent watching TV or listening to the radio.

\_\_\_\_\_ Hours

24. How many hours per week do you spend in other self-improvement activities such as hobbies or leisure reading? Please do not include time spent watching TV or listening to the radio.

\_\_\_\_\_ Hours

### WITH WHOM DO YOU SPEND YOUR TIME?

25. Do you live alone?

\_\_\_\_\_ (1) Yes → PLEASE GO TO QUESTION #26

\_\_\_\_\_ (0) No → Please answer the following questions:

25a. (If you don't live alone) do you live with a spouse or significant other?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

25b. How many children do you live with? \_\_\_\_\_

25c. How many other relatives do you live with? \_\_\_\_\_

25d. How many roommates do you live with? \_\_\_\_\_

25e. How many attendants do you live with? \_\_\_\_\_

26. If you don't live with a spouse or significant other, are you involved in a romantic relationship?

\_\_\_\_\_ (0) No

\_\_\_\_\_ (1) Yes

\_\_\_\_\_ (2) N/A (Subject lives with spouse or significant other)

27. How many **relatives** (not in your household) do you visit, phone, or write to at least once a month?

\_\_\_\_\_ Relatives



28. How many **business or organizational associates** do you visit, phone, or write to at least once a month?

\_\_\_\_\_ Associates

29. How many **friends** (non-relatives contacted outside business or organizational settings) do you visit, phone, or write to at least once a month?

\_\_\_\_\_ Friends

30. With how many **strangers** have you initiated a conversation in the last month (for example, to ask information or place an order)?

\_\_\_\_\_ (0) None

\_\_\_\_\_ (1) 1-2

\_\_\_\_\_ (2) 3-5

\_\_\_\_\_ (3) 6 or more

☺ Please continue to the next page ☺

**Health Status – Rand Short Form 36:**

*Please circle or check the response that is most appropriate for you.*

1. In general, would you say your health is:

\_\_\_\_\_ (5) Excellent  
 \_\_\_\_\_ (4) Very good  
 \_\_\_\_\_ (3) Good  
 \_\_\_\_\_ (2) Fair  
 \_\_\_\_\_ (1) Poor

2. Compared to one year ago, how would you rate your health in general now?

\_\_\_\_\_ (5) Much better now than 1 year ago  
 \_\_\_\_\_ (4) Somewhat better now than one year ago  
 \_\_\_\_\_ (3) About the same  
 \_\_\_\_\_ (2) Somewhat worse than one year ago  
 \_\_\_\_\_ (1) Much worse now than one year ago

3. Does your health limit you in these activities:

<b>Activities</b>	<b>Yes, Limited A lot (2)</b>	<b>Yes, Limited A little (1)</b>	<b>No, not limited at all (0)</b>
Vigorous activities such as lifting heavy objects?			
Moderate activities such as moving a table			
Lifting or carrying groceries			
Propelling up several ramps/ walking up several flights of stairs			
Propelling up 1 ramp/ walking up one flight of stairs			
Bending over			
Propelling wheelchair or walking for more than 1 mile			
Propelling wheelchair or walking for several blocks			
Propelling wheelchair or walking for one block			
Bathing or dressing yourself			

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

<b>Activities</b>	<b>No (0)</b>	<b>Yes (1)</b>
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Were limited in the kind of work or other activities		
Had difficulty performing the work or other activities (i.e. it took extra effort)		

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems, such as feeling anxious or depressed?

Activities	No (0)	Yes (1)
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Didn't do work or other activities as carefully as usual?		

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups?

- \_\_\_\_\_ (0) Not at all  
 \_\_\_\_\_ (1) Slightly  
 \_\_\_\_\_ (2) Moderately  
 \_\_\_\_\_ (3) Quite a bit  
 \_\_\_\_\_ (4) Extremely

7. How much bodily pain have you had during the past 4 weeks?

- \_\_\_\_\_ (0) Not at all  
 \_\_\_\_\_ (1) Slightly  
 \_\_\_\_\_ (2) Moderately  
 \_\_\_\_\_ (3) Quite a bit  
 \_\_\_\_\_ (4) Extremely

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- \_\_\_\_\_ (0) Not at all  
 \_\_\_\_\_ (1) Slightly  
 \_\_\_\_\_ (2) Moderately  
 \_\_\_\_\_ (3) Quite a bit  
 \_\_\_\_\_ (4) Extremely

9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (i.e. visiting with friends or relatives)?

- \_\_\_\_\_ (4) All of the time  
 \_\_\_\_\_ (3) Most of the time  
 \_\_\_\_\_ (2) Some of the time  
 \_\_\_\_\_ (1) A little of the time  
 \_\_\_\_\_ (0) None of the time

10. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much time during the past 4 weeks...

	<b>All of the time (5)</b>	<b>Most of the time (4)</b>	<b>A good bit of time (3)</b>	<b>Some of the time (2)</b>	<b>A little of the time (1)</b>	<b>None of the time (0)</b>
Did you feel full of pep?						
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt downhearted and blue?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						

11. How true or false is each of the following statements for you?

	<b>Definitely True (4)</b>	<b>Mostly True (3)</b>	<b>Don't Know (2)</b>	<b>Mostly False (1)</b>	<b>Definitely False (0)</b>
I seem to get sick a little easier than other people					
I am as healthy as anybody I know					
I expect my health to get worse					
My health is excellent					

☺ Please continue to the next page ☺

**Community Integration Questionnaire**

1. Who usually does the shopping for groceries or other necessities in your household?  
(0) \_\_\_\_\_ Yourself alone  
(1) \_\_\_\_\_ Yourself and someone else  
(2) \_\_\_\_\_ Someone else
2. Who usually prepares meals in your household?  
(0) \_\_\_\_\_ Yourself alone  
(1) \_\_\_\_\_ Yourself and someone else  
(2) \_\_\_\_\_ Someone else
3. Who usually does the everyday housework in your home?  
(0) \_\_\_\_\_ Yourself alone  
(1) \_\_\_\_\_ Yourself and someone else  
(2) \_\_\_\_\_ Someone else
4. Who usually cares for the children in your home?  
(0) \_\_\_\_\_ Yourself alone  
(1) \_\_\_\_\_ Yourself and someone else  
(2) \_\_\_\_\_ Someone else  
(3) \_\_\_\_\_ Not applicable (No children under 17 in the home)
5. Who usually plans social arrangements such as gatherings with family and friends?  
(0) \_\_\_\_\_ Yourself alone  
(1) \_\_\_\_\_ Yourself and someone else  
(2) \_\_\_\_\_ Someone else
6. Who usually looks after your personal finances including banking and paying bills?  
(0) \_\_\_\_\_ Yourself alone  
(1) \_\_\_\_\_ Yourself and someone else  
(2) \_\_\_\_\_ Someone else
7. Approximately how many times a month do you usually participate in shopping *outside* your home?  
(0) \_\_\_\_\_ Never  
(1) \_\_\_\_\_ 1-4 times  
(2) \_\_\_\_\_ 5 or more
8. Approximately how many times a month do you usually participate in leisure activities such as movies, sports, restaurants, etc.?  
(0) \_\_\_\_\_ Never  
(1) \_\_\_\_\_ 1-4 times  
(2) \_\_\_\_\_ 5 or more

9. Approximately how many times a month do you usually visit with friends or relatives?

- (0) \_\_\_\_\_ Never
- (1) \_\_\_\_\_ 1-4 times
- (2) \_\_\_\_\_ 5 or more

10. When you participate in leisure activities, do you usually do this alone or with others?

- (0) \_\_\_\_\_ Mostly alone
- (1) \_\_\_\_\_ Mostly with friends who have head injuries
- (2) \_\_\_\_\_ Mostly with family members
- (3) \_\_\_\_\_ Mostly with friends who do not have head injuries
- (4) \_\_\_\_\_ With a combination of family and friends

11. Do you have a best friend with whom you confide?

- (0) \_\_\_\_\_ Yes
- (1) \_\_\_\_\_ No

12. How often do you travel outside of the home?

- (0) \_\_\_\_\_ Almost everyday
- (1) \_\_\_\_\_ Almost every week
- (2) \_\_\_\_\_ Seldom/never (less than one day a week)

13. Please choose the response that best corresponds to your current (during the past month) work situation:

- (0) \_\_\_\_\_ Full-time (more than 20 hours/week)
- (1) \_\_\_\_\_ Part time (less than or equal to 20 hours/week)
- (2) \_\_\_\_\_ Not working, but actively looking for work
- (3) \_\_\_\_\_ Not working, not looking for work
- (4) \_\_\_\_\_ Not applicable, retired due to age

14. Please choose the response that best corresponds to your current (during the past month) school or training situation:

- (0) \_\_\_\_\_ Full-time
- (1) \_\_\_\_\_ Part-time
- (2) \_\_\_\_\_ Not attempting school, or training program
- (3) \_\_\_\_\_ Not applicable, retired due to age

15. In the past month, how often did you engage in volunteer activities?

- (0) \_\_\_\_\_ Never
- (1) \_\_\_\_\_ 1-4 times
- (2) \_\_\_\_\_ 5 or more

---

**Acceptance of Disability**

Read each statement and put and “X” in the space indicating how much you agree or disagree with each statement.

	<b>I strongly disagree (1)</b>	<b>I disagree (2)</b>	<b>I slightly disagree (3)</b>	<b>I agree (4)</b>	<b>I slightly agree (5)</b>	<b>I strongly agree (6)</b>
1. A physical disability may limit a person in some ways, but this does not mean he/she should give up and do nothing with his/her life.						
2. Because of my disability, I feel miserable much of the time.						
3. More than anything else, I wish I didn't have this disability						
4. Disability of not, I'm going to make good in life						
5. Good physical appearance and physical ability are the most important things in life.						
6. My disability prevents me from doing just about everything I really want to do and from becoming the kind of person I want to be.						
7. I can see the progress I am making in rehabilitation and it makes me feel like I am an adequate person in spite of the limitations in my disability.						
8. It makes me feel very bad to see all the things nondisabled people can do which I cannot.						
9. My disability affects those aspects of life which I care about most.						
10. Though I am disabled, my life is full.						
11. If a person is not entirely physically able, he/she is that much less of a person.						
12. A person with a disability is restricted in certain ways, but there is still much he/she is able to do.						
13. There are many more important things in life than physical ability and appearance.						
14. There are times I completely forget that I am physically disabled.						
15. You need a good and whole body to have a good mind.						
16. There are many things a person with my disability is able to do.						
17. Since my disability interferes with just about everything I do, it is foremost in my mind practically all the time.						

**Research Subject Questionnaire**

Subject Initials: \_\_\_\_\_

Subject ID: \_\_\_\_\_

	<b>I strongly disagree (1)</b>	<b>I disagree (2)</b>	<b>I slightly disagree (3)</b>	<b>I agree (4)</b>	<b>I slightly agree (5)</b>	<b>I strongly agree (6)</b>
18. If I didn't have my disability, I think I would be a much better person.						
19. My disability, in itself, affects me more than any other characteristic about me.						
20. The kind of person I am and my accomplishments in life are less important than those of nondisabled persons.						
21. I know what I can't do because of my disability, and I feel that I can live a full and normal life.						
22. Though I can see the progress I am making in rehabilitation, this is not very important since I can never be normal.						
23. In just about everything, my disability is annoying to me so that I can't enjoy anything.						
24. How a person conduct himself or herself in life is much more important than physical appearance and ability.						
25. A person with my disability is unable to enjoy very much in life.						
26. The most important thing in this world is to be physically normal.						
27. A person with a disability finds it especially difficult to expand his/her interests and range of ability.						
28. I believe that physical wholeness and appearance make a person what he/she is.						
29. A physical disability affects a person's mental ability.						
30. With my condition, I know just what I can and cannot do.						
31. Because of my disability, I have little to offer other people.						
32. Besides the many physical things I am unable to do, there are many other things I am unable to do.						
33. Personal characteristics such as honesty and willingness to work hard are much more important than physical appearance and ability.						
34. I get very annoyed with the way some people offer to help me.						



**Research Subject Questionnaire**

Subject Initials: \_\_\_\_\_

Subject ID: \_\_\_\_\_

	<b>I strongly disagree (1)</b>	<b>I disagree (2)</b>	<b>I slightly disagree (3)</b>	<b>I agree (4)</b>	<b>I slightly agree (5)</b>	<b>I strongly agree (6)</b>
35. With my disability, there isn't a single area of my life that is not affected in some major way.						
36. Though I can see that disabled people are able to do well in many ways, still they can never lead normal lives.						
37. A disability, such as mine, is the worst possible thing that can happen to a person.						
38. No matter how hard I try or what I accomplish, I could never be as good a person as one without my disability.						
39. There is practically nothing a person in my condition is able to do and really enjoy it.						
40. Because of my disability, I am unable to enjoy social relationships as much as I could if I were not disabled.						
41. There are more important things in life than those my physical disability prevents me from doing.						
42. I want very much to do things that my disability prevents me from doing.						
43. Because of my disability, other people's lives have more meaning than my own.						
44. Oftentimes, when I think of my disability, it makes me feel so sad and upset, I'm unable to think or do anything else.						
45. A disability changes one's life completely. It causes one to think differently about everything.						
46. I feel that I <u>should</u> be as able as the next person, even in areas where my disability prevents me.						
47. Life is full of so many things that I sometimes forget for brief periods of time that I am disabled.						
49. Because of my disability, I can never do things that normal people can do.						
50. I feel satisfied with my abilities, and my disability doesn't bother me too much.						

☺ **Thank you for taking the time to complete this questionnaire. ☺**  
**We appreciate your participation!**

**Research Subject Questionnaire**  
**Subject ID:** \_\_\_\_\_

**Subject Initials:** \_\_\_\_\_

OEF/OIF Semi-structured Interview:

<b><u>Open-ended questions/responses:</u></b>	<b><u>Data points to obtain:</u></b>
<p><b>I. <u>Query Questions</u></b></p> <p># 8. Re: satisfaction with military status, if ‘no’, please explain further. What could have been done to improve things?</p> <p>#15. Re: VR&amp;E services, if ‘yes’, were goals developed? What were they?</p> <p>#16. Re: State VR services, if ‘yes’, were goals developed? What were they?</p> <p>#17. Re: VRE services, if ‘yes’, what was the frequency of the services? How long did you use the services? Were you/are you satisfied with the services? Were/are the services effective? Did the services enable you to return to work?</p> <p>#18. Re: State VR services, if ‘yes’, what was the frequency of the services? How long did you use the services? Were you/are you satisfied with the services? Were/are the services effective? Did the services enable you to return to work?</p> <p>#21. Re: enough inpatient services, if ‘no’, please elaborate.</p> <p>#24. Re: enough outpatient therapy, if ‘no’, please elaborate.</p> <p>#25. Re: other rehab services needed, if ‘yes’, what services? What prevented you from receiving those services?</p>	<p>#17.</p> <p>a. How long did you use services? _____ (mos.)</p> <p>b. Were you satisfied?</p> <p style="padding-left: 40px;">_____ (0) No</p> <p style="padding-left: 40px;">_____ (1) Yes</p> <p>c. Were the services effective?</p> <p style="padding-left: 40px;">_____ (0) No</p> <p style="padding-left: 40px;">_____ (1) Yes</p> <p>d. Did the services enable you to RTW?</p> <p style="padding-left: 40px;">_____ (0) No</p> <p style="padding-left: 40px;">_____ (1) Yes</p> <p>#18.</p> <p>a. How long did you use services? _____ (mos.)</p> <p>b. Were you satisfied?</p> <p style="padding-left: 40px;">_____ (0) No</p> <p style="padding-left: 40px;">_____ (1) Yes</p> <p>c. Were the services effective?</p> <p style="padding-left: 40px;">_____ (0) No</p> <p style="padding-left: 40px;">_____ (1) Yes</p> <p>d. Did the services enable you to RTW?</p> <p style="padding-left: 40px;">_____ (0) No</p> <p style="padding-left: 40px;">_____ (1) Yes</p>
<p><b>II. <u>Questionnaire Debriefing:</u></b></p>	

**Research Subject Questionnaire**  
**Subject ID:** \_\_\_\_\_

**Subject Initials:** \_\_\_\_\_

You just completed several self-report questionnaires—let me ask you about them.

1. Did the questions address your current experiences?
2. Were any of the questions or surveys irrelevant or upsetting to you? Which questions were irrelevant and in what way? Which questions were upsetting to you and in what way?
3. Was there one survey or set of questions that really hit home regarding issues that you are currently experiencing?
4. How long did these self-report questionnaires take? Are there surveys (or questions?) you would recommend we remove?

**III. Services/Gaps in Services**

Give me a brief timeline of where you have been and what you have been doing since your injury, including those times when you have not been in treatment or participating in services or other activities.

**Research Subject Questionnaire**  
**Subject ID:** \_\_\_\_\_

**Subject Initials:** \_\_\_\_\_

**IV. Future Perspectives**

What strategies have you used or are you currently using to cope?

What are you doing on a daily basis right now?

What do you feel your level of social support is?

How much control do you feel you have with your future?

What problems have you encountered regarding your return to community?

Overall, what else can the military or the VA do to assist returning OEF/OIF veterans in getting back to life and work?

1. List of strategies.

2. List of daily activities.

3. List of social supports.

4. Control comments.

5. List of current perceived problems

6. Recommendations for improved services: